

Case Number:	CM15-0058391		
Date Assigned:	04/03/2015	Date of Injury:	09/30/2011
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 50-year-old who has filed a claim for chronic hand, wrist, and finger pain with derivative complaints of depression reportedly associated with an industrial injury of December 30, 2011. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve requests for Mobic and Norco. An order form dated February 19, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated February 19, 2015, both Mobic and Norco were seemingly renewed. In an associated progress note dated February 17, 2015, the applicant reported ongoing complaints of hand, wrist, finger, and thumb pain, 10/10 at worst versus 4-5/10 with medications. The attending provider stated that the applicant's medications did benefit her. The applicant's medications included Mobic, Norco, Celexa, estrogen, Singulair, albuterol, and Xanax, it was stated. The applicant had undergone earlier wrist surgery for wrist fracture and had ancillary issues with migraine headaches present. The applicant had also developed derivative complaints of depression, it was stated at the bottom of the report. The applicant was asked to continue current medications. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant was having difficulty keyboarding, gripping, grasping, making her own bed, lifting articles weighing greater than 5 pounds, and operating computers. On October 15, 2014, the applicant reported 5/10 pain complaints, reduced to 2-3/10 with medications. The applicant had been given a 29% whole-person impairment rating, it was stated. The applicant continued to report difficulty performing gripping and grasping tasks. Mobic was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Mobic 7.5mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Mobic, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Mobic do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider has failed to outline any meaningful or material improvements in function effected as a result of ongoing Mobic usage. The applicant remains off of work. The applicant continues to report difficulty gripping, grasping, keyboarding, using a computer, making her own bed, lifting articles weighing greater than 5 pounds, etc. Ongoing usage of Mobic has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mobic. Therefore, the request was not medically necessary.

Norco 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, despite ongoing Norco usage. The applicant continued to report difficulty performing activities of daily living as basic as gripping, grasping, writing, typing, keyboarding, using a computer, making her own bed, etc. While the attending provider did state that the applicant's pain scores have been attenuated with medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's

failure to outline any meaningful or material improvements in function effected as a result of the same. Therefore, the request was not medically necessary.